

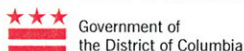
Year

D-4 Employee Withholding Allowance Certificate

Your first name	M.I.	Last name
Home address (number and street)		Apartment number
		Social security number
City	State	Zip code
1 Tax filing status <i>Fill in only one:</i> <input type="radio"/> Single <input type="radio"/> Married filing jointly <input type="radio"/> Married filing separately <input type="radio"/> Head of household <input type="radio"/> Married filing separately on same return		
2 Total number of withholding allowances from worksheet below <input style="width: 50px;" type="text"/>		
3 Additional amount, if any, you want withheld from each paycheck <input style="width: 150px;" type="text"/>		
4 If you are claiming exemption from withholding, read below and write "EXEMPT" in this box. <input style="width: 150px; height: 30px;" type="text"/>		
I am exempt because: last year I did not owe any DC income tax and had a right to a full refund of all DC income tax withheld from me; and this year I do not expect to owe any DC income tax and expect a full refund of all DC income tax withheld from me; and I qualify for exempt status on federal Form W-4.		
If claiming exemption, are you a full-time student? <input type="radio"/> Yes <input type="radio"/> No		
Signature Under penalties of law, I declare that I have examined this return and to the best of my knowledge it is correct.		
Employee's signature	Date	

Employer Keep this certificate with your records. If 10 or more exemptions are claimed or if you suspect this certificate contains false information please send a copy to: Office of Tax and Revenue, 941 North Capitol St., NE, Washington, DC 20002-4259 Attn: Compliance Administration

 Detach and give top portion to your employer. Keep bottom portion for your records.



D-4 Employee Withholding Allowance Worksheet

Section A Number of withholding allowances

- a Enter 1 for yourself and
b Enter 1 if you are filing as a head of household and
c Enter 1 if you are 65 or over and
d Enter 1 if you are blind
e Enter number of dependents
f Enter 1 for your spouse if filing jointly
g Enter 1 if married filing jointly and your spouse is 65 or over and
h Enter 1 if married filing jointly and your spouse is blind
i **Number of allowances** Add Lines a through h and enter on Line 2. If you would like to claim additional allowances, complete section B below.

Section B Additional withholding allowances

- | | | |
|---|--|---|
| j | Enter estimate of your itemized deductions | j |
| k | Enter \$1,000 if married filing separately; all others enter \$2,000 | k |
| l | Subtract k from j | l |
| m | Multiply \$1,370 by number of allowances on Line i | m |
| n | Divide l by m. Round to the nearest whole number. | n |
| o | Add Lines n and i and enter on Line 2 above. | |